APPLICATION FOR PERMIT TO ENGAGE IN THE BUSINESS OF SOLID WASTE COLLECTION AND HAULING IN TRIMBLE COUNTY.

	RESIDENTIAL INDUSTRIAL		COMMERCIAL GENERAL	
BUSINESS NAME	:			
ADDRESS:				
OWNER/PRESIDI	ENT:			
HOME ADDRESS	:			
HOME TELEPHOI	NE:			
DESCRIBE PREV AND DURATION	IOUS WASTE HAULIN OF COLLECTION SEI	NG EXPERIEN RVICES.	CE, INCLUDING LOCA	TION
Name:	THAN OWNER:	KY Drive	rs License #	
Name:		KY Drive	rs License # rs License #	
Name:		KY Drive	rs License #	
Name:		KY Drive	rs License #	
(IF MORE SPACE IS	NEEDED, SEE ATTACHE	D PAGE.)		
	T LEAST \$300,000.00		RRENCE LIABILITY INS	URANCE
YES				
DOES YOUR LIAI SPILL CLEANUP?		ICLUDE AT L	EAST \$100,000.00 FOR	R ANY
YES				

A COPY OF YOUR INSURANCE POLICY MUST ACCOMPANY THIS APPLICATION

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Truck Number	\/INI	SED FOR USE NUMBER			Consolty
	er VIII	NUMBER	Year	Make	Capacity
(If More Space	is needed, see a	attached page.)			
HOW WILL W	ASTE BE COV	ERED AND C	ONTAINE)?	
-					
PROPOSED R				•	NCLUDING
•	A FEE OF \$10	00.00 FOR EAC	CH VEHIO	CLE WITH U	P TO (2) TONS
	CAPACITY A	ND \$150.00 F	0 D E 4 GI	VEHICI E W	
			OR EACH	VLINCLL W	ITH CAPACITY
	OVER TWO (2) TONS, MUS			TITH CAPACITY S APPLICATION.
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PLACE OF DISPOSAL:	
REFERENCES:	
Affidavit: By my signature below, I acknowledge that I have and transport of solid waste in Trimble County; I further ackr dispose of solid waste in any place other than a permitted site abide by the regulations of the Trimble County Fiscal Court, regard to environmentally sound handling and disposal of sol such laws and regulations could result in the loss of my perm	nowledge that I am aware of the fact that to e is a violation of state and local law. I agree to and the Commonwealth of Kentucky with iid waste. I understand that failure to observer
Signature	Date

 $Please\ contact\ Matt\ Gossom,\ Trimble\ County\ Solid\ Waste\ Coordinator\ with\ any\ questions\ or\ comments\ about\ this\ application.\ For\ an\ electronic\ version\ MGossom@bwcsllc.com.$

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Truck Number	VIN NUMBER	Year	Make	Capacity
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